

County: Waupaca
ST. JOSEPH RESIDENCE
107 EAST BECKERT ROAD

Facility ID: 8450

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NEW LONDON 54961 Phone: (920) 982-5354
Operated from 1/1 To 12/31 Days of Operation: 365
Operate in Conjunction with Hospital? No
Number of Beds Set Up and Staffed (12/31/01): 107
Total Licensed Bed Capacity (12/31/01): 107
Number of Residents on 12/31/01: 105

Ownership: Nonprofit Church
Highest Level License: Skilled
Operate in Conjunction with CBRF? Yes
Title 18 (Medicare) Certified? Yes
Title 19 (Medicaid) Certified? Yes
Average Daily Census: 105

| Services Provided to Non-Residents | | Age, Sex, and Primary Diagnosis of Residents (12/31/01) | | | | Length of Stay (12/31/01) | | % |
|------------------------------------|-----|---|-------|------------|-------|---------------------------------|--|-------|
| Home Health Care | Yes | Primary Diagnosis | % | Age Groups | % | Less Than 1 Year | | 33.3 |
| Supp. Home Care-Personal Care | Yes | | | | | 1 - 4 Years | | 42.9 |
| Supp. Home Care-Household Services | No | Developmental Disabilities | 1.0 | Under 65 | 2.9 | More Than 4 Years | | 23.8 |
| Day Services | No | Mental Illness (Org./Psy) | 17.1 | 65 - 74 | 4.8 | | | ----- |
| Respite Care | No | Mental Illness (Other) | 0.0 | 75 - 84 | 28.6 | | | 100.0 |
| Adult Day Care | No | Alcohol & Other Drug Abuse | 1.0 | 85 - 94 | 57.1 | ***** | | |
| Adult Day Health Care | No | Para-, Quadra-, Hemiplegic | 1.0 | 95 & Over | 6.7 | Full-Time Equivalent | | |
| Congregate Meals | Yes | Cancer | 1.9 | | ----- | Nursing Staff per 100 Residents | | |
| Home Delivered Meals | Yes | Fractures | 8.6 | | 100.0 | (12/31/01) | | |
| Other Meals | No | Cardiovascular | 25.7 | 65 & Over | 97.1 | ----- | | |
| Transportation | No | Cerebrovascular | 9.5 | | ----- | RNs | | 10.7 |
| Referral Service | No | Diabetes | 16.2 | Sex | % | LPNs | | 6.9 |
| Other Services | No | Respiratory | 0.0 | | ----- | Nursing Assistants, | | |
| Provide Day Programming for | | Other Medical Conditions | 18.1 | Male | 23.8 | Aides, & Orderlies | | |
| Mentally Ill | No | | ----- | Female | 76.2 | | | |
| Provide Day Programming for | | | 100.0 | | ----- | | | |
| Developmentally Disabled | No | | | | 100.0 | | | |

Method of Reimbursement

| Level of Care | Medi care (Title 18) | | | Medi caid (Title 19) | | | Other | | Pri vate Pay | | | Fami ly Care | | Managed Care | | | Total Resi - dents | % Of All | | |
|----------------------|-------------------------|-------|----------------------|-------------------------|-------|----------------------|-------|-----|----------------------|-----|-------|----------------------|-----|-----------------|----------------------|---|--------------------------|----------------|-----|-------|
| | No. | % | Per Di em (\$) | No. | % | Per Di em (\$) | No. | % | Per Di em (\$) | No. | % | Per Di em (\$) | No. | % | Per Di em (\$) | | | | | |
| Int. Skilled Care | 0 | 0.0 | 0 | 1 | 1.3 | 119 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 1 | 1.0 |
| Skilled Care | 5 | 100.0 | 165 | 71 | 94.7 | 102 | 0 | 0.0 | 0 | 25 | 100.0 | 140 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 101 | 96.2 |
| Intermediate | --- | --- | --- | 3 | 4.0 | 85 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 3 | 2.9 |
| Limited Care | --- | --- | --- | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 |
| Personal Care | --- | --- | --- | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 |
| Residential Care | --- | --- | --- | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 |
| Dev. Disabled | --- | --- | --- | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 |
| Traumatic Brain Inj | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 |
| Ventilator-Dependent | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 |
| Total | 5 | 100.0 | | 75 | 100.0 | | 0 | 0.0 | | 25 | 100.0 | | 0 | 0.0 | | 0 | 0.0 | | 105 | 100.0 |

| ***** | | | | | | |
|--|------|--|-------------|--|---------------------|---------------------------|
| Admissions, Discharges, and Deaths During Reporting Period | | Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/01 | | | | |
| | | | | % Needing Assistance of One Or Two Staff | % Totally Dependent | Total Number of Residents |
| Percent Admissions from | | Activities of | % | | | |
| Private Home/No Home Health | 10.0 | Daily Living (ADL) | Independent | | | |
| Private Home/With Home Health | 6.7 | Bathing | 20.0 | 49.5 | 30.5 | 105 |
| Other Nursing Homes | 7.8 | Dressing | 24.8 | 60.0 | 15.2 | 105 |
| Acute Care Hospitals | 75.6 | Transferring | 31.4 | 55.2 | 13.3 | 105 |
| Psych. Hosp. -MR/DD Facilities | 0.0 | Toilet Use | 24.8 | 56.2 | 19.0 | 105 |
| Rehabilitation Hospitals | 0.0 | Eating | 73.3 | 26.7 | 0.0 | 105 |
| Other Locations | 0.0 | ***** | | | | |
| Total Number of Admissions | 90 | Continence | % | Special Treatments | | % |
| Percent Discharges To: | | Indwelling Or External Catheter | 7.6 | Receiving Respiratory Care | | 18.1 |
| Private Home/No Home Health | 20.9 | Occ/Freq. Incontinent of Bladder | 61.0 | Receiving Tracheostomy Care | | 0.0 |
| Private Home/With Home Health | 12.8 | Occ/Freq. Incontinent of Bowel | 44.8 | Receiving Suctioning | | 0.0 |
| Other Nursing Homes | 1.2 | | | Receiving Ostomy Care | | 4.8 |
| Acute Care Hospitals | 4.7 | Mobility | | Receiving Tube Feeding | | 1.0 |
| Psych. Hosp. -MR/DD Facilities | 1.2 | Physically Restrained | 8.6 | Receiving Mechanically Altered Diets | | 41.0 |
| Rehabilitation Hospitals | 0.0 | | | | | |
| Other Locations | 12.8 | Skin Care | | Other Resident Characteristics | | |
| Deaths | 46.5 | With Pressure Sores | 5.7 | Have Advance Directives | | 79.0 |
| Total Number of Discharges (Including Deaths) | 86 | With Rashes | 1.9 | Medications | | |
| | | | | Receiving Psychoactive Drugs | | 48.6 |

Selected Statistics: This Facility Compared to All Similar Urban Area Facilities & Compared to All Facilities

| | This Facility % | Ownership: Nonprofit Peer Group Ratio % Ratio | Bed Size: 100-199 Peer Group Ratio % Ratio | Licensure: Skilled Peer Group Ratio % Ratio | All Facilities % Ratio | | | | |
|--|--------------------|---|---|--|---------------------------|-------|------|-------|------|
| Occupancy Rate: Average Daily Census/Licensed Beds | 98.1 | 92.7 | 1.06 | 84.1 | 1.17 | 85.8 | 1.14 | 84.6 | 1.16 |
| Current Residents from In-County | 63.8 | 74.5 | 0.86 | 79.3 | 0.80 | 69.4 | 0.92 | 77.0 | 0.83 |
| Admissions from In-County, Still Residing | 27.8 | 27.9 | 0.99 | 25.5 | 1.09 | 23.1 | 1.20 | 20.8 | 1.33 |
| Admissions/Average Daily Census | 85.7 | 95.2 | 0.90 | 110.2 | 0.78 | 105.6 | 0.81 | 128.9 | 0.66 |
| Discharges/Average Daily Census | 81.9 | 95.2 | 0.86 | 110.6 | 0.74 | 105.9 | 0.77 | 130.0 | 0.63 |
| Discharges To Private Residence/Average Daily Census | 27.6 | 31.4 | 0.88 | 41.2 | 0.67 | 38.5 | 0.72 | 52.8 | 0.52 |
| Residents Receiving Skilled Care | 97.1 | 91.4 | 1.06 | 93.8 | 1.04 | 89.9 | 1.08 | 85.3 | 1.14 |
| Residents Aged 65 and Older | 97.1 | 97.3 | 1.00 | 94.1 | 1.03 | 93.3 | 1.04 | 87.5 | 1.11 |
| Title 19 (Medicaid) Funded Residents | 71.4 | 64.2 | 1.11 | 66.9 | 1.07 | 69.9 | 1.02 | 68.7 | 1.04 |
| Private Pay Funded Residents | 23.8 | 29.6 | 0.81 | 23.1 | 1.03 | 22.2 | 1.07 | 22.0 | 1.08 |
| Developmentally Disabled Residents | 1.0 | 0.7 | 1.38 | 0.6 | 1.48 | 0.8 | 1.27 | 7.6 | 0.13 |
| Mentally Ill Residents | 17.1 | 36.0 | 0.48 | 38.7 | 0.44 | 38.5 | 0.45 | 33.8 | 0.51 |
| General Medical Service Residents | 18.1 | 21.3 | 0.85 | 21.8 | 0.83 | 21.2 | 0.85 | 19.4 | 0.93 |
| Impaired ADL (Mean) | 40.6 | 49.0 | 0.83 | 48.4 | 0.84 | 46.4 | 0.88 | 49.3 | 0.82 |
| Psychological Problems | 48.6 | 50.2 | 0.97 | 51.9 | 0.94 | 52.6 | 0.92 | 51.9 | 0.94 |
| Nursing Care Required (Mean) | 9.0 | 7.5 | 1.21 | 7.5 | 1.21 | 7.4 | 1.21 | 7.3 | 1.23 |